

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
O.I.P.E. CLASSIFIER	MOW	70	01-13-01
FORMALITY REVIEW	MD	JC 915	01/26/01
RESPONSE FORMALITY REVIEW	MM	661	5/16/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final Original	Date
1	✓	5/16/01
2	✓	5/16/01
3	✓	5/16/01
4	✓	5/16/01
5	✓	5/16/01
6	✓	5/16/01
7	✓	5/16/01
8	✓	5/16/01
9	✓	5/16/01
10	✓	5/16/01
11	✓	5/16/01
12	✓	5/16/01
13	✓	5/16/01
14	✓	5/16/01
15	✓	5/16/01
16	✓	5/16/01
17	✓	5/16/01
18	✓	5/16/01
19	✓	5/16/01
20	✓	5/16/01
21	✓	5/16/01
22	✓	5/16/01
23	✓✓✓	5/16/01
24	✓	5/16/01
25	✓	5/16/01
26	✓	5/16/01
27	✓	5/16/01
28	✓	5/16/01
29	✓	5/16/01
30	✓	5/16/01
31	✓	5/16/01
32	✓	5/16/01
33	✓	5/16/01
34	✓	5/16/01
35	✓	5/16/01
36	✓	5/16/01
37	✓	5/16/01
38	✓	5/16/01
39	✓	5/16/01
40	✓	5/16/01
41	✓	5/16/01
42	✓	5/16/01
43	✓	5/16/01
44	✓	5/16/01
45	✓	5/16/01
46	✓	5/16/01
47	✓	5/16/01
48	✓	5/16/01
49	✓	5/16/01
50	✓	5/16/01

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

AVAILABLE COPY